SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

ENTENED

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JUN 07 2011

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Application No.: 11-0168

Date: 6-13-11

Zoning District R-1

Amount Paid: \$165.00 65

| Thanges in plans must be approved by the Zoning Department. AND USE 7 SANITARY PRIVY CONDITIONAL USE | ISE SPECIAL USE B.O.A. OTHER |
|---|---|
| Legal Description N W 1/4 of N E 1/4 of Section 2 D Township | ship 43 North, Range 7 West Town of CABLE |
| 3ov't LotLotBlockSubdivision | CSM# Acreage 2.58 AC |
| Volume 1051 Page 381 of Deeds Parcel I.D. OH- | -012-2-43-07-20-1 02-000-60 |
| roperty Owner STEPHEN THOS | Contractor So THON (Phone) COO |
| address of Property MCNRUCHT COAD | Plumber JERF RASINGSOFT |
| Cable, WI S4821 | Authorized Agent (Phone) |
| elephone 123 - 8917 (Home) 523.388 (MILL) | Attached: Yes 🗍 No |
| s your structure in a Shoreland Zone? Yes 🗍 No 📜 If yes. | Distance from Shoreline: greater than 75′ ☐ 75′ to 40′ ☐ less than 40 ☐ |
| Structure: New Addition Existing Fair Market Value A 45 Addition Existing Addition Existing Fair Market Value A 45 A 5 Fair Market Value A 45 | Basement: Yes No X Number of Stories 1 Sanitary: New X Existing Privy City |
| * Residence or Principal Structure (# of bedrooms) | Type of Septic/Sanitary System \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| Residence sq. ft | ☐ Commercial Principal Building |
| Residence sq. ft. 576 24 Walt sq. ft 46 4724 | ☐ Commercial Principal Building Addition (explain) |
| Deck sq. ft Deck(2) sq. ft | ☐ Commercial Accessory Building (explain) |
| □ 纂 Residence w/attached garage (# of bedrooms) | ☐ Commercial Accessory Building Addition (explain) |
| Residence sq. ft Garage sq. ft | ☐ Commercial Other (explain) |
| Residential Addition / Alteration (explain) | ☐ Special/Conditional Use (explain) |
| ☐ Residential Accessory Building Addition (explain) | ☐ External Improvements to Principal Building (explain) |
| ☐ Residential Other (explain) | ☐ External Improvements to Accessory Building (explain) |
| FAILURE TO OBTAIN A PERMIT \underline{or} STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN \underline{P} | TION WITHOUT A PERMIT WILL RESULT IN PENALTIES |
| (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether issue a permit. I (we) further accept liability which may be avesult of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) onsent to county officials charged with administering bounty offinances to have access to the above described property at any reasonable time for the purpose of inspection. | ramined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I tion I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether County relying on this information I (we) am (are) providing in or with this application. I (we) access to the above described property at any reasonable time for the purpose of inspection. |
|)wner or Authorized Agent (Signature) | Date OH TWE LOIL |
| Address to send permit 7672 178 % Sr CH | LISI PPENIE PALLS ATTACH |

See Notice on Back

APPLICANT —

PLEASE COMPLETE

REVERSE SIDE

Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed) V

54729

State Sanitary Number

Date

Permit Number

Permit Denied (Date)

Date

6-13-1

Permit Issued:

Reason for Denial:

Inspection Record:

responsible

Lacert

Camen

On ocomica

Date of Inspection

Variance (B.O.A.) #

MANATERIA

Mitigation Plan Required:

Yes □

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Signed

Date of Approval

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Condition:

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DUELBINO PLAN

シカナル・フカラ やに方 VLAN

SAPTIC CYS TEM LAYOUT

Name of Frontage Road (MCNACGAT

- Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N)
- Show the location, size and dimensions of the structure.
- ယ Show the location, size and dimensions of attached deck(s), porch(s) or garage
- 4. Show the location of the well, holding tank, septic tank and drain field.
- ĊΠ Show the location of any lake, river, stream or pond if applicable

IS NECESSARY, FOLLOW STEPS 1-8 (a-o) COMPLETELY. DETAILED PLOT PLAN MPORTANT

- g Show the location of other existing structures
- Show the location of any wetlands or slopes over 20 percent
- Show dimensions in feet on the following:
- Building to all lot lines
- Building to centerline of road Building to lake, river, stream or pond
- Holding tank to closest lot line
- Holding tank to building
- Φ
- Holding tank to well
- Holding tank to lake, river, stream or pond
- Privy to closest lot line

- Privy to building
 Privy to lake, river, stream or pond
- Septic Tank and Drain field to closest lot line
- 3
- Septic Tank and Drain field to building Septic Tank and Drain field to well Septic Tank, and Drain field to lake, river, stream or pond. Well to building

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

will not make an inspection until location(s) are staked or marked Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector